ERRORS AND ACCEPTANCE

NOTE: **The regulations are identified by bold and italics.**

The section number located at the top right corner of the first page of each regulation refers to the California Code of Regulations, Title 22, Division 7, Chapter 10, Article 8.

ERROR TOLERANCE LEVELS   **Section 97242**

(a) The error tolerance levels for discharge data items reported to the Office shall be as shown in Table 1. An error percentage that exceeds a specified error tolerance level shall be corrected by the hospital to the specified tolerance level.

(b) For error percentages for the data elements Admission Date and Discharge Date that do not exceed the error tolerance levels specified in Table 1, the Office shall delete each record with an error in one of these data elements from the hospital's report if the hospital fails to correct the data after a 30 calendar day notification by the Office of the errors.

(c) Effective with discharges occurring on or after July 1, 1990, for error percentages for data elements other than Admission Date and Discharge Date that do not exceed the error tolerance levels specified in Table 1, the Office shall assign default values of blank, which may be represented by a zero, except that for the data element Whether the Condition was Present at Admission for the Principal Diagnosis the Office shall assign the default value of Yes, if the hospital fails to correct the data after a 30 calendar day notification by the Office of the errors.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA PATIENT DISCHARGE DATA REPORTING MANUAL, THIRD EDITION
For Discharge Data for the Years 1999 and 2000

Table 1. Discharge Data Error Tolerance Levels

Data Element	Error Tolerance Level
Date of Birth	.1%
Sex	.1%
Race	5%
ZIP Code	5%
Patient Social Security Number	.1%
Admission Date	.1%
Source of Admission	5%
Type of Admission	5%
Discharge Date	.1%
Principal Diagnosis	.1%
Condition Present at Admission for Principal Diagnosis	.1%
Other Diagnoses	.1%
Condition Present at Admission for Other Diagnoses	.1%
External Cause of Injury	.1%
Principal Procedure	.1%
Principal Procedure Date	1%
Other Procedures	.1%
Other Procedures Dates	1%
Total Charges	.1%
Disposition of Patient	1%
Expected Source of Payment	.1%
Prehospital Care and Resuscitation	.1%

(d) (1) The error percentage for the data element Sex shall include unknown sex.

(2) The error percentage for the data element Race shall includ4e unknown race.

(3) The error percentage for the data element ZIP Code shall include partial and unknown type of admission.

(4) The error percentage for the data element Type of Admission shall include unknown type of admission.

(5) The error percentages for the data elements Principal Diagnosis and Other Diagnoses shall, for any one record, count all errors made in coding diagnoses as one error.

(6) The error percentages for the data elements Condition Present at Admission for Principal Diagnosis and Condition Present at Admission for Other Diagnoses shall, for any one record, count all errors made as one error.

(7) The error percentages for the data elements Principal Procedure and Other Procedures shall, for any one record, count all errors made in coding procedures as one error.

(8) The error percentages for the data elements Principal Procedure Date and Other Procedures Dates shall, for any one record, count all errors made as one error.

(9) The error percentage for the data element External Cause of Injury shall, for any one record, count all errors made in coding diagnoses as one error.

ACCEPTANCE CRITERIA   **Section 97243**

(a) The discharge data report shall not be accepted but shall be rejected and returned to the hospital by the Office if the following requirements are not met:

(1) Submission of a completed transmittal form with the discharge data report, pursuant to Section 97214.

(2) Compliance with the Office's standard format and specifications, demonstrated by the hospital or its designated agent having previously submitted a set of data that the Office approved as being in conformance to the applicable standard format and specifications, pursuant to Section 97215.

(3) Submission of the appropriate version of the Manual Abstract Reporting Form (OSHPD 1370), as specified in Section 97215, when reporting other than on computer media.

(4) Submission by the hospital or by its designated agent in accordance with the most recent designation furnished by the hospital to the Office, pursuant to Section 97210.

(b) After a discharge data report is accepted, the hospital may be required to correct and/or replace the data if any of the following circumstances pertain:

(1) The Office is unable to read the computer media submitted.

(2) When the computer medium data file is read, it contains no data, contains data not covering the full reporting period, or contains a different number of records in the file than the number of records stated on the transmittal form.

(3) The data are not reported in compliance with Section 97215.

(4) The hospital identification number on each of the records being reported for the hospital does not agree with that hospital's identification number specified on the transmittal form, pursuant to Section 97214.

(5) Corrections are required as a result of not meeting the requirements of Section 97213; not meeting the data element definitions, as specified in Sections 97216 through 97233; and/or not meeting the error tolerance levels, as specified in Table 1 of Section 97242.

(6) All inpatient discharges, as defined by Subsection (d) of Section 97212, were not reported.

(c) If a hospital is required to replace or correct their discharge data, the Office shall allow a specified number of days for correction or replacement and shall establish a due date for re-submittal of the corrections or replacement. In determining the number of days to be allowed, the Office shall take account of the number and degree of errors and the number of extension days already granted, but in no case shall an aggregate total of more than 60 days for all extensions, corrections, replacements, and re-submittals be allowed.

DISCUSSION

A discharge data report is not acceptable in the following circumstances:

- OSHPD assesses that the report should be rejected because of visible problems.

- OSHPD has accepted the report and upon analysis determines that replacement or corrections are required. This type of determination cannot be made until OSHPD has once accepted and processed the data.

- Report is received from an entity other than the hospital's designated agent.

If any of the above conditions are present, the discharge data report may not be accepted and the hospital will be notified that its discharge data report is delinquent. The hospital will accrue $100 per day in penalties until the conditions for acceptance are met or an extension request is received and approved.